2015 JUN 26 PM 3: 55

LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

CONTRACT DISCLOSURE STATEMENT

Pursuant to La. R.S. 42:1113D(4)

	i disduite to Da. 18.5.	18.11100(1)	
		YEAR COVERED: _	2014
FILER:			
☐ PUBLIC SERVANT			•
Name:	JAMES MICHAEL JOHNSON		
Position Held:	STATE REPRESENTATIVE		
	ent/Agency/Division: LEGISLATURE	- HOUSE OF REPRETENTATIVE	A
Address:	2750 HOSPITAL ORIVE, 575, 248		
City, State, Zip:	BATON REVOE, LA. 71111		
☐ SPOUSE OF PUBLIC SI	ERVANT		
Name:			
Address:			
City, State, Zip:			
Name of Public S	ervant:		
Position Held:			
Name of Departm	ent/Agency/Division:		
Address:			
City, State, Zip:			
Address: City, State, Zip: Name of Public S Position Held: Name of Departm Address:	ervant:ent/Agency/Division:		
knowledge, informat Code of Governmenta	ify and acknowledge that the information and belief; and that no informational Ethics has been deliberately omitted.	n required by Section 1113D	
HA	ND DELIVERED	Journa	Name of Filer Signature of Filer 6 26 15

LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

BUSINESS ENTITIES AND PERCENTAGE OF OWNERSHIP

NAME OF BUSINESS:	IN OFFICES OF MIKE JOHNTON, LLE
ADDRESS:	2250 HOSDITAL ORIVE, 575. 248
CITY, STATE, ZIP:	BOSSIAN CMY, LA. 71111
PERCENTAGE OF OWNERSHIP:	100 %
NAME OF BUSINESS:	KITCHENS LOW FIRM, APIC
ADDRESS:	420 BOODOWAY
CITY, STATE, ZIP:	MINDER, LA. 7105B
PERCENTAGE OF OWNERSHIP:	20.1
PERCENTAGE OF OWNERSHIP:	
NAME OF BUSINESS:	
ADDRESS:	
CITY, STATE, ZIP:	·
PERCENTAGE OF OWNERSHIP:	
NAME OF BUSINESS:	
CITY, STATE, ZIP:	
PERCENTAGE OF OWNERSHIP: _	
NAME OF BUSINESS:	
CITY, STATE, ZIP:	
PERCENTAGE OF OWNERSHIP:	
NAME OF BUSINESS:	
ADDRESS:	
CITY, STATE, ZIP:	
PERCENTAGE OF OWNERSHIP:	

PLFASE NOTE: THE CONTRACT INDICATED BELOW

DOET NOT INCLUDE JAMES M. JOHNSON OR HIS
LAW FIRM AS A PARTY. RECUBSTING PURTHER

CLANFILMON ON THE NOON FOR THIS FILING.

LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

SCHEDULE A: CONTRACTS

F*************************************	
PARTIES TO CONTRACT:	
☑Public Servant	Legal Entity - Name: LA. 0391, OF HAVIH AND HOSPITALS
☐ Spouse of Public Servant	□Immediate Family Member - Name:
NAME OF STATE GOVERNMENT:	tans and
ADDRESS:	BALON ROVGE, LA. 70802
CITY, STATE, ZIP:	BAION ROVEE, LA. 70802
VALUE OF CONTRACT: 400,0	22,2014 - JUNE 30, 2017
PARTIES TO CONTRACT:	
□Public Servant	☐ Legal Entity - Name:
	☐ Immediate Family Member - Name:
CITY, STATE, ZIP:	
VALUE OF CONTRACT:	
TERM OF CONTRACT:	
- 177	
PARTIES TO CONTRACT:	
□Public Servant	☐ Legal Entity - Name:
☐ Spouse of Public Servant	□Immediate Family Member - Name:
VALUE OF CONTRACT:	
TERM OF CONTRACT:	
PARTIES TO CONTRACT:	
☐Public Servant	☐ Legal Entity - Name:
☐ Spouse of Public Servant	☐ Immediate Family Member - Name:
-	
ADDRESS:	
CITY, STATE, ZIP:	
VALUE OF CONTRACT:	
1 EKM OF CONTRACT:	